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## BIB DATA SHEET

CONFIRMATION NO. 5814

<b>SERIAL NUMBER</b> 10/585,546	<b>FILING or 371(c) DATE</b> 03/02/2009 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1655	<b>ATTORNEY DOCKET NO.</b> 1914	
<b>APPLICANTS</b> Marcin Krotkiewski, Askim, SWEDEN; <b>** CONTINUING DATA *****</b> This application is a 371 of PCT/EP05/00206 01/12/2005 <b>** FOREIGN APPLICATIONS *****</b> POLAND P.364411 01/15/2004 <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 03/30/2009					
Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and /SUSAN COE Hoffmann/ Acknowledged Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> SWEDEN	<b>SHEETS DRAWINGS</b> 10	<b>TOTAL CLAIMS</b> 18	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> ALFRED J MANGELS 4729 CORNELL ROAD CINCINNATI, OH 452412433					
<b>TITLE</b> Formulation for treating obesity and associated metabolic syndrome					
<b>FILING FEE RECEIVED</b> 1030	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		